

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004058

1. Entity Name

VILLA SOCIN HOMEOWNERS, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90010 010 \*\*\*\*70.00

Principal Place of Business

Mailing Address

% KENNETH S. GALES, JR.  
931 ANTHONY LANE  
FT WALTON BEACH FL 32547-1595  
US

% KENNETH S. GALES, JR.  
931 ANTHONY LANE  
FT WALTON BEACH FL 32547-1595  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3391761

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALES, KENNETH S JR.  
931 ANTHONY LANE  
FORT WALTON BEACH FL 32547-1595

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Delete  
NAME LECTKA, PATRICIA  
STREET ADDRESS 936 ANTHONY LN  
CITY-ST-ZIP FT WALTON BEACH FL

TITLE PD ☐ Change ☒ Addition  
NAME GALES, KENNETH S. Jr.  
STREET ADDRESS 931 ANTHONY LANE  
CITY-ST-ZIP FT WALTON BEACH, FL

TITLE TD ☐ Delete  
NAME SASMAN, LAVERNE  
STREET ADDRESS 930 VINCENT LN  
CITY-ST-ZIP FT WALTON BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME GALES, CATHY  
STREET ADDRESS 931 ANTHONY LANE  
CITY-ST-ZIP FT WALTON BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME LECTKA, PATRICIA  
STREET ADDRESS 936 ANTHONY LN  
CITY-ST-ZIP FT WALTON BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kenneth S. Gales, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/20/00 850-863-0898*  
Date Daytime Phone #

CR2E037 (9/99)